

L1500 008555

SEAN O'CONNOR

(Requestor's Name)

9445 LONGMEADOW CIR.

(Address)

BOYNTON BEACH

(Address)

FL 33436 / 561-6032791

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

HAKONEN FOOD + BEVERAGES LLC.

(Business Entity Name)

W15000028192

(Document Number)

Certified Copies ☒

Certificates of Status ☒

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THE 15TH JUDICIAL CIRCUIT
IN AND FOR THE STATE OF FLORIDA

J. Stivers MAY 15 2015

W15-28192

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAKONEN Food + BEVERAGES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAKONEN
THE REAL SCANDINAVIAN TASTE
OFFICE@HAKONEN.COM
WWW.HAKONEN.COM

SEAN O'CONNOR
C/O ANDREW O'CONNOR Name of Person

Firm/Company

9445 LONGMEADOW CIRCLE
Address

BOYNTON BEACH FLORIDA 33436
City/State and Zip Code

office@hakonen.com OR SEANHERE22@pmil.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN O'CONNOR at (407-561) 603 2791 or 0043-664 933 5046
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAKONEN Food & Beverages LLC

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

HAKONEN

THE REAL SCANDINAVIAN TASTE

OFFICE@HAKONEN.COM
WWW.HAKONEN.COM

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:9445 LONGMEADOW CIRCLE X
BOYNTON BEACH FL 33436Mailing Address:X

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MR. ANDREW O'CONNOR, MBA

Name

101 20th STREET #3204Florida street address (P.O. Box **NOT** acceptable)MIAMI BEACH

City

FL

33139

Zip

Andrew O'ConnorDr. Av. Tre. - Dr. Pay. - MBA - MSc.
CEO & Chairman

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 606, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

HAKONEN

THE REAL SCANDINAVIAN TASTE

OFFICE@HAKONEN.COM
WWW.HAKONEN.COM

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

DR. ANDREW O'CONNOR, MBA

101 20th STREET # 3204

MIAMI BEACH FL. 33139

DR. MED. NICOLE-DAVIDELA VON LUFTEUTEWEIER

HOCHFELD STREET 3. 83435

BROCKHEIM HALL GERMANY

SEAN O'CONNOR

9400 LODGMENDON CIRCLE

BOXTON BEACH FL. 33436

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DR. ANDREW O'CONNOR, MBA

Typed or printed name of signee

Andrew O'Connor

Dr. Av. Tec. - Dr. Pay. - MBA - MSc.
CEO & Chairman

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

10 MAY 11 AM 12:22